

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XWOO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name				Telephone Number	Date of Inspection (mm/dd/yr)	PERMIT#	
Establishment Address (number and street, city, state, zip code)				Fiz 725 7601	2/1/20	19-325	
				915 841 444	2/6/20	11-223	
	. P WA	5+	. Now Albay, IN 47150	812 844 1051			
Owner			·	Purpose:		ease Date	
Onmania A				. Routine	No /) days	
Owner's Address				2. Follow-up	Summary of Violations:		
Person in C	The same	_		3. Complaint	1 x Sky x		
1 / i		١.		4. Pre-Operational	C R R		
Responsibl		ᅺ	.9	5. Temporary	Menu Type (See back of page)		
Kesponsibi	e reison's	E-#1	111	6. НАССР	Menu Type (See bo	ack of page)	
Certified F	ood Mana	***		7. Other (list)	1 × 2 3 4 5		
Certaieu r	oou mana	get.			13_	45	
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• CRITICAI	L ITEMS AE	RE ID	ENTIFIED IN THE CHECKLIST AND NARRATIVE COL	JUMNS MARKED "C"			
• VIOLATIO	ON(S) REPE	ATE	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN	THE "SUMMARY OF VIOLATIONS"	AND IN THE NARRATI	VE BELOW AS "R"	
Section#	C/NC	R			To Be	Corrected By	
324	No		Observed legk at handsigh t	(mo	he	uk	
324 No Observed leak at handsink trap - Maintanne is aware of issue							
			Many forms 12 as many of 12	275			
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Received by (name and title printed):				· ·	Inspected by (name and title printed):		
Pagaint	VVV)	V	whay		Ingrom (EHS		
Received by	·	_	2.1.	Inspected by (signature):			
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